

1968

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 102

1. Place of Death: (a) County Graham (b) City or Town Safford (c) Location Ellsworth Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 48 Hours In Community 48 Hours In Arizona 48 Hours
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz (b) County Graham (c) City or Town Safford
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____
3. (a) FULL NAME Freda Ruth Hively (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex F.M. 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Dec 13 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
hrs. 48 min. _____

9. Birthplace Safford Ariz
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business _____

Father { 12. Name R. T. Hively
13. Birthplace Safford Ariz
(City, town or county) (State or Country)

Mother { 14. Maiden Name Noeta Bowerman
15. Birthplace Ada Okla
(City, town or county) (State or Country)

16. (a) Informant's own signature R. T. Hively
(b) Address Safford Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Safford Ariz (c) Date Dec 16 1946

18. (a) Embalmer's Signature _____
(b) Funeral Director W. C. Rawson
(c) Address Safford Ariz

19. (a) January 9, 1947
(Date received Local Registrar)
(b) M. Shattuck
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 15, 1946
TIME (Hour and minute) 2-20 P.M.

21. I hereby certify that I attended the deceased from Dec 13 1946 to Dec 15 1946
that I last saw him alive on Dec 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to hypertension

Due to period of enlargement of liver and spleen

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or Town) (County) State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury _____

23. Signature James M. Ellsworth Address Safford Date signed 12-16-46

DURATION

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically